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| <i>Index of Claims</i>  | Application/Control No. 10694367 | Applicant(s)/Patent Under Reexamination ZHANG, BIN |
| | Examiner JAY A MORRISON | Art Unit 2168 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | | | <input type="checkbox"/> T.D. | | | | <input type="checkbox"/> R.1.47 | | | |
|--|----------|------------|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM | | DATE | | | | | | | | | | | | | |
| Final | Original | 07/13/2008 | 01/15/2009 | | | | | | | | | | | | |
| 1 | 1 | ✓ | = | | | | | | | | | | | | |
| | 2 | O | - | | | | | | | | | | | | |
| 2 | 3 | O | = | | | | | | | | | | | | |
| 3 | 4 | O | = | | | | | | | | | | | | |
| 4 | 5 | O | = | | | | | | | | | | | | |
| 5 | 6 | O | = | | | | | | | | | | | | |
| 6 | 7 | O | = | | | | | | | | | | | | |
| 7 | 8 | O | = | | | | | | | | | | | | |
| 8 | 9 | = | = | | | | | | | | | | | | |
| 9 | 10 | = | = | | | | | | | | | | | | |
| 10 | 11 | = | = | | | | | | | | | | | | |
| 11 | 12 | = | = | | | | | | | | | | | | |
| 12 | 13 | = | = | | | | | | | | | | | | |
| 13 | 14 | = | = | | | | | | | | | | | | |
| 14 | 15 | ✓ | = | | | | | | | | | | | | |
| 15 | 16 | ✓ | = | | | | | | | | | | | | |
| 16 | 17 | ✓ | = | | | | | | | | | | | | |
| 17 | 18 | ✓ | = | | | | | | | | | | | | |
| | 19 | - | - | | | | | | | | | | | | |
| | 20 | - | - | | | | | | | | | | | | |
| | 21 | - | - | | | | | | | | | | | | |
| 18 | 22 | ✓ | = | | | | | | | | | | | | |
| 19 | 23 | ✓ | = | | | | | | | | | | | | |
| 20 | 24 | ✓ | = | | | | | | | | | | | | |
| | 25 | ✓ | - | | | | | | | | | | | | |
| | 26 | ✓ | - | | | | | | | | | | | | |
| | 27 | O | - | | | | | | | | | | | | |
| 21 | 28 | ✓ | = | | | | | | | | | | | | |
| 22 | 29 | ✓ | = | | | | | | | | | | | | |
| 23 | 30 | ✓ | = | | | | | | | | | | | | |